



Milton Keynes Education Welfare Service

Referral Form

PUPIL: _____ **D.O.B.** _____

Parent/Carer relationship to pupil: _____

School: _____ **Tutor Group** _____

Other agency involvement (✓ if applicable)

Children's Services (name of SW if known) _____

Connexions PA Learning Mentor Police CAMHS NSPCC

Other (please specify): _____

Record of school action before referral to EWS

Details of contact - (for example) Telephone calls, letters, school meetings etc.

Action	Date	Review Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. <u>Referred to Education Welfare Officer by</u> _____	_____	_____

Date _____

Reasons for absences (✓ if applicable)

School Based	-	Disaffected	<input type="checkbox"/>	Bullying	<input type="checkbox"/>	SEN	<input type="checkbox"/>
Home Based	-	Housing	<input type="checkbox"/>	Parental	<input type="checkbox"/>		
Health Based	-	Medical Condition	<input type="checkbox"/>	Illness	<input type="checkbox"/>		
Behavioural	-	Truancy	<input type="checkbox"/>	Exclusions	<input type="checkbox"/>	Refusal	<input type="checkbox"/>

Other (please specify): _____

Note for schools - when decision is made to refer to EWO -

Please attach to the referral form a copy of any letters sent to parents/carers in addition to the pupil's most recent certificate of attendance that includes address, parents'/carers' names etc.